

**ENTRON SECURITY SERVICES**

Daily Security Report

Client No. 2036		Client Name O.H. MATERIALS				Location 1004 OSWEGO ST. UTECA, N.Y.		Date 8/18/87	
Facility Equipment	Detex Clock N/A	Weapon No. N/A	Holster N/A	Nightstick N/A	Raincoat 1	Flashlight 3	Other Log Book / 2 Keys / RADIO		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Jane E. Haggett				Officer—Swing Shift (Name) P. Bloomquist		Officer—Grave Shift (Name) Dick Hokuski	
		Shift Began 0800 AM-PM Ended 1600 AM-PM				Shift Began 400 AM-PM Ended 1200 AM-PM		Shift Began 12M AM-PM Ended 8 AM-PM	
Observations or actions taken		Yes	No	Explanation		Yes	No	Explanation	
Rounds or stations missed			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Unlocked vaults or safes			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Fire-smoke-or hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
2. Sprinkler system defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
4. Rubbish accumulation			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
5. Motors running			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
6. Lights left burning			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		AS REQUIRED	
Injury hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Visitors		<input checked="" type="checkbox"/>		(no authorization) American Scientific 1:15pm			<input checked="" type="checkbox"/>		
Trespassing			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Violation of company rules			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Remarks									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.									
1. Were you injured during this tour?		Day Shift	1.	Yes	No	2.	Yes	No	3.
		Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No
2. Did you suffer any illness?		Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No
		Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No
3. Have you reported all accidents coming to your attention?		Yes	No	Yes	No	Yes	No	Yes	No
		Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No
Signatures		1. Jane E. Haggett				1. Patrick Bloomquist			
Signatures		2.				2.			
Signatures		3.				3.			

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